Inventor Information

Inventor One Given Name:: Anne Family Name:: Hover

Name Suffix::

Postal Address Line One:: 8721 Village Road

Postal Address Line Two::

City:: Playa Del Rey

State or Province:: CA

Country::

Postal or Zip Code:: 90293

City of Residence:: Playa Del Rey

State or Prov. of Residence:: CA

Country of Residence::

Citizenship Country:: U.S.A.

Inventor Two Given Name:: Dr. Roy Family Name:: Sanders

Name Suffix::

Postal Address Line One:: 3611 Beach Drive

Postal Address Line Two::

City:: Tampa

State or Province:: FL

Country::

Postal or Zip Code:: 33629 City of Residence:: Tampa State or Prov. of Residence:: FL

Country of Residence::

Citizenship Country:: U.S.A.

Inventor Three Given Name:: Donald Martin

Family Name:: Sturgeon

Name Suffix::

Postal Address Line One:: 9 Saddle Lane

Postal Address Line Two::

City:: Wilmington

State or Province:: DE

Country::

Postal or Zip Code:: 19803

City of Residence:: Wilmington

State or Prov. of Residence:: DE

Country of Residence::

Citizenship Country:: U.S.A.

```
Given name of Applicant::
Family Name::
Name Suffix::
Authority under 1.42::
Authority under 1.43::
Authority under 1.47::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Country::
Postal or Zip Code::
City of Residence::
State or Prov. of Residence::
Country of Residence::
Citizenship Country::
Correspondence Information
Correspondence Customer Number:: 00164
Telephone::
                               612/339-1863
Fax::
                               612/339-6580
Electronic Mail::
                               jdshewchuk@kinney.com
Application Information
Title Line One::
                              Bone Fracture Support Implant
Title Line Two::
                               With Non-Metal Spacers (As amended)
Total Drawing Sheets::
                               5
Formal Drawings?::
                              Y
Application Type::
                              Utility
Docket Number::
                              A227.12-0055
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Application?::
Representative Information
```

Representative Customer Number:: 00164

Continuity Information

This application is a:: Continuation of > Application One:: 09/289,324
Filing Date:: April 9, 1999

Filing Date::
Patent Number::
which is a::

>> Application Two::

Filing Date::
Patent Number::

Prior Foreign Applications

Foreign Application One::

Filing Date::

Country::
Priority Claimed::

Assignee Information

Name:: DePuy Orthopaedics, Inc. Address line one:: 700 Orthopaedic Drive

Address line two:: P.O. Box 988

City:: Warsaw

State or Province:: IN

Postal or zip code:: 46581-0988